

General Assembly

January Session, 2001

Committee Bill No. 6432

LCO No. 5003

Referred to Committee on Human Services

Introduced by: (HS)

AN ACT PROMOTING ENROLLMENT IN THE HUSKY PLAN, PART A AND PART B.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Subsection (a) of section 17b-261 of the general statutes is repealed and the following is substituted in lieu thereof:
- 3 (a) Medical assistance shall be provided for any otherwise eligible 4 person whose income, including any available support from legally 5 liable relatives and the income of the person's spouse or dependent 6 child, is not more than one hundred forty-three per cent, pending 7 approval of a federal waiver applied for pursuant to subsection (d) of 8 this section, of the benefit amount paid to a person with no income under the temporary family assistance program in the appropriate 10 region of residence and if such person is an institutionalized 11 individual as defined in Section 1917(c) of the Social Security Act, 42 12 USC 1396p(c), and has not made an assignment or transfer or other 13 disposition of property for less than fair market value for the purpose 14 of establishing eligibility for benefits or assistance under this section. 15 Any such disposition shall be treated in accordance with Section 16 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of

property made on behalf of an applicant or recipient or the spouse of an applicant or recipient by a guardian, conservator, person authorized to make such disposition pursuant to a power of attorney or other person so authorized by law shall be attributed to such applicant, recipient or spouse. A disposition of property ordered by a court shall be evaluated in accordance with the standards applied to any other such disposition for the purpose of determining eligibility. The commissioner shall establish the standards for eligibility for medical assistance at one hundred forty-three per cent of the benefit amount paid to a family unit of equal size with no income under the temporary family assistance program in the appropriate region of residence, pending federal approval, except that the medical assistance program shall provide coverage to persons under the age of nineteen up to one hundred eighty-five per cent of the federal poverty level without an asset limit. On and after [January] July 1, 2001, said medical assistance program shall also provide coverage to (1) persons under the age of nineteen and their parents and needy caretaker relatives who qualify for coverage under Section 1931 of the Social Security Act with family income up to one hundred [fifty] eighty-five per cent of the federal poverty level without an asset limit, upon the request of such a person or upon a redetermination of eligibility, and (2) pregnant women with family income up to three hundred per cent of the federal poverty level. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance. All contracts entered into on and after July 1, 1997, pursuant to this section shall include provisions for collaboration of managed care organizations with the Healthy Families Connecticut Program established pursuant to section 17a-56. The Commissioner of Social Services shall provide applicants for assistance under this section, at the time of application, with a written statement advising them of the effect of an assignment or transfer or

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- 51 other disposition of property on eligibility for benefits or assistance.
- 52 Sec. 2. Section 17b-277 of the general statutes is repealed and the 53 following is substituted in lieu thereof:
- 54 The Commissioner of Social Services shall provide, in accordance with federal law and regulations, medical assistance under 56 the Medicaid program to needy pregnant women and children up to 57 one year of age whose families have an income up to one hundred 58 eighty-five per cent of the federal poverty level.]
 - [(b)] The [commissioner] <u>Commissioner of Social Services</u> shall implement presumptive eligibility for appropriate applicants for the Medicaid program with an emphasis on pregnant women. Such presumptive eligibility determinations shall be in accordance with applicable federal law and regulations. The commissioner shall provide such presumptive eligibility determinations on a pilot basis, in one district office, beginning June 1, 1991, and shall provide them state-wide effective September 1, 1991.
 - Sec. 3. Subdivision (22) of section 17b-290 of the general statutes is repealed and the following is substituted in lieu thereof:
 - (22) "Qualified entity" means [any entity: (A) Eligible for payments under a state plan approved under Medicaid and which provides medical services under the HUSKY Plan, Part A or is authorized to determine eligibility of (i) a child to participate in a Head Start program under the Head Start Act, (ii) a child to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990, or (iii) a child to receive assistance under WIC; and (B) that is determined by the commissioner to be capable of making the determinations specified in subparagraph (A) of this subdivision qualified entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of Public Law 106-554. The commissioner shall provide qualified entities with such forms as are necessary for an application to be made on behalf of a child under the

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- HUSKY Plan, Part A and information on how to assist parents, guardians and other persons in completing and filing such forms.
- Sec. 4. Subsection (h) of section 17b-292 of the general statutes is repealed and the following is substituted in lieu thereof:
- 86 (h) The commissioner shall enter into a contract with an entity to be 87 a single point of entry servicer for applicants and enrollees under the 88 HUSKY Plan, Part A and Part B. The servicer shall jointly market both 89 Part A and Part B together as the HUSKY Plan. Such servicer shall 90 develop and implement public information and outreach activities 91 with community programs. Such servicer shall electronically transmit 92 data with respect to enrollment and disenrollment in the HUSKY Plan, 93 Part B to the commissioner who may transmit such data to the 94 Children's Health Council.
- 95 Sec. 5. Subsection (k) of section 17b-292 of the general statutes is 96 repealed and the following is substituted in lieu thereof:
- 97 (k) Not more than twelve months after the determination of eligibility for benefits under the HUSKY Plan, Part A and Part B and 98 99 annually thereafter, the commissioner or the servicer, as the case may 100 be, shall determine if the child continues to be eligible for the plan. The 101 commissioner or the servicer shall mail [a] an application form to each 102 participant in the plan for the purposes of obtaining information to 103 make a determination on eligibility. To the extent permitted by federal 104 law, in determining eligibility for benefits under the HUSKY Plan, Part 105 A and Part B with respect to family income, the commissioner or the 106 servicer shall rely upon information provided in such form by the 107 participant unless the commissioner or the servicer has reason to 108 believe that such information is inaccurate or incomplete. To the extent 109 permitted by federal law, if the commissioner determines that a child 110 is no longer eligible for benefits under the HUSKY Plan, Part A due to 111 an increase in family income, such child shall remain eligible for such 112 benefits until the servicer determines eligibility for benefits under the HUSKY Plan, Part B. The determination of eligibility shall be 113

- 114 coordinated with health plan open enrollment periods.
- 115 Sec. 6. Subsections (b) and (c) of section 17b-299 of the general statutes are repealed and the following is substituted in lieu thereof:
- 117 (b) An application may be disapproved if it is determined that a 118 child to be covered under the HUSKY Plan, Part B was covered by an 119 employer-sponsored insurance within the last [six] two months. If the 120 commissioner determines that the time period specified in this 121 subsection is insufficient to effectively deter applicants or employers of 122 applicants from discontinuing employer-sponsored 123 coverage for the purpose of participation in the HUSKY Plan, Part B, 124 the commissioner may extend such period for a maximum of an 125 additional [six] two months.
- (c) An application may be approved in cases where prior employersponsored coverage ended less than [six] <u>two</u> months prior to the determination of eligibility for reasons unrelated to the availability of the HUSKY Plan, Part B, including, but not limited to:
- 130 (1) Loss of employment due to factors other than voluntary 131 termination;
- 132 (2) Death of a parent;
- 133 (3) Change to a new employer that does not provide an option for 134 dependent coverage;
- 135 (4) Change of address so that no employer-sponsored coverage is 136 available;
- 137 (5) Discontinuation of health benefits to all employees of the applicant's employer;
- 139 (6) Expiration of the coverage periods established by the 140 Consolidated Omnibus Budget Reconciliation Act of 1985, (P.L. 99-272) 141 as amended from time to time, (COBRA);

- 142 (7) Self-employment;
- 143 (8) Termination of health benefits due to a long-term disability;
- 144 (9) Termination of dependent coverage due to an extreme economic 145 hardship on the part of either the employee or the employer, as
- determined by the commissioner; or
- 147 (10) Substantial reduction in either lifetime medical benefits or 148 benefit category available to an employee and dependents under an 149 employer's health care plan.
- Sec. 7. (NEW) The Commissioner of Social Services shall seek a waiver under Title XXI of the Social Security Act to authorize the use of funds received under said title to promote the enrollment of children in the HUSKY Plan who are eligible for benefits under other income-based assistance programs including, but not limited to, free or reduced school lunch programs.
- 156 Sec. 8. (NEW) (a) To the extent permitted by federal law, the 157 Commissioners of Social Services and Education shall jointly establish 158 procedures for the sharing of information contained in applications for 159 free and reduced price meals under the National School Lunch 160 Program for the purpose of determining whether children 161 participating in such program are eligible for coverage under the 162 HUSKY Plan, Part A and Part B. The Commissioner of Social Services 163 shall take all actions necessary to ensure that children identified as 164 eligible for the HUSKY Plan are able to enroll in such plan.
 - (b) The Commissioner of Social Services, in conjunction with the Commissioners of Public Health and Education, shall establish procedures whereby an individual may apply for the HUSKY Plan, Part A or Part B, at the same time such individual applies for the federal Special Supplemental Food Program for Women, Infants and Children, the National School Lunch Program, the Head Start programs or the child care subsidy program.

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Sec. 9. (NEW) The Commissioner of Social Services, in determining if an individual continues to be eligible for the HUSKY Plan, Part A or Part B, shall determine whether such individual is a recipient of a child care subsidy under section 17b-749 of the general statutes, food stamps under the food stamp program pursuant to the Food Stamp Act of 1977 or benefits under any other program administered by the Department of Social Services for the purpose of ascertaining whether the department has information necessary for the redetermination of eligibility under the HUSKY Plan. In the event such information is available, the commissioner shall use such information in such redetermination.

Sec. 10. This act shall take effect July 1, 2001.

HS Joint Favorable C/R

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